

---

## Instructions for Using Fill-in PDF Application Forms

The application forms are in fill-in PDF format. To access a PDF file, you will need the Adobe Acrobat Reader or Acrobat Approval software. The Acrobat Reader software is free and available at Adobe's Web site at [www.adobe.com](http://www.adobe.com). Acrobat Approval can be purchased through the Adobe Web site. **CAUTION: Please note that the free Adobe Acrobat Reader does not allow you to save your completed forms. You can save your completed forms if you use Acrobat Approval.**

**If you are using the free Acrobat Reader:** Before you start to fill out a form, please make sure that you have all the correct, final information available. You may wish to print the forms first, fill them out by hand, and ensure their accuracy before filling in the final forms on your computer. **As Adobe Acrobat Reader does not allow you to save the form once it is filled out,** you will be unable to go back and retrieve or edit your information once you close the window containing the forms. You must print out the forms before you close the window or you will lose the information that you have entered. With multi-page documents, you may want to proofread and print each page as you complete it.

**If you are using Acrobat Approval:** You can save, close, and reopen a form as you would a conventional word processing document.

Please note that currently there is no computer-generated computation, validation, or verification of the information that you enter. Form fields simply allow you to type in information; you must ensure it is correct.

To complete the forms:

1. If your cursor is not already in the shape of a "hand," select the "hand" tool from the Acrobat toolbar menu. This will allow you to move the page around to see each portion.
2. Move the "hand" pointer over a form box on the document. The "hand" should turn into an "I-beam." The "I-beam" signifies a "fill-in" section of the form. Click inside the box. You can now type into the box. When the pointer hovers over a check box, button, or item list, it will turn into a hand with one finger pointing. This means you can select the item.
3. Fill out the form by typing text into the appropriate areas and by checking boxes where needed. (Boxes can be checked either by clicking on the box with your mouse or by tabbing into the box and hitting the "enter" key.)
4. To move from field to field, use the Tab key. Shift + Tab will move you to the previous field.
5. Print the form using the "print" icon in the Acrobat toolbar menu, not the print icon or command in your Web browser. If you print using your Web browser's print command instead of the Acrobat command, the contents of the fields might not print properly.
6. Check the printed forms very carefully for any errors, fields that did not print, or omissions. You may go back and make changes to any of the fields in your open document and then reprint it.

# Basic Information

OMB No. 3135-0112  
Expires 02/28/05

Read the instructions that follow this form before you start.

Applicant (official IRS name):

Mailing Address:

Street Address (if different):

ZIP Code (9-digit number):

ZIP Code (9-digit number):

Web Address:

Taxpayer ID Number (9-digit number):

DUNS Number:

If the applicant is serving as a parent institution applying on behalf of an eligible separate component for this application, list here the entity on whose behalf you are applying:

Project Director

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Category: Folk & Traditional Arts Infrastructure Initiative (3-55)

Period of Support (e.g., 07/01/05 to 06/30/06):

To:

Number of Months:

Project Summary :

Performance Measurements:

Project Budget Summary:

\$	PLUS	\$	MUST EQUAL	\$
Amount Requested		Total Match for this Project		Total Project Costs

Total organizational operating expenses for the most recently completed fiscal year:

\$

For year ending (Month/Year):

/

I certify that the information contained in this application, including all attachments and supporting material, is true and correct to the best of my knowledge. I also certify that the applicant is in compliance with the federal requirements specified under "Assurance of Compliance."

Authorizing Official

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Signature:

Date:

/ /

Additional  
Authorizing  
Official (optional)

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Signature:

Date:

/ /



**APPLICANT:** Type your organization's name and address in the spaces provided. The name provided here and at the top of each page must be identical to the applicant's legal name in the IRS 501(c)(3) status letter or in the official document that identifies the organization as a unit of state or local government, or as a federally-recognized tribal community or tribe. If the applicant uses a popular name that is different, you may note that name in parentheses after the IRS name. If you are a parent organization that is applying on behalf of a component, do not list the name of the component here; you will be asked to provide it below. For example, a parent organization applying on behalf of a component would list its name here ("ABC University") and the name of the component ("XYZ Organization") below.

**ZIP CODE (9-DIGIT NUMBER):** Also known as "ZIP + 4 Code." Enter the 9-digit number that was assigned by the United States Postal Service. If you do not know your full ZIP Code you may look it up at <http://www.usps.com/zip4/>.

**TAXPAYER ID NUMBER:** Also known as "Employer Identification Number." Enter the 9-digit number that was assigned by the Internal Revenue Service; do not use a Social Security Number.

**DUNS NUMBER:** All applicants for federal funds must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number, a unique nine- or thirteen-digit sequence recognized as the universal standard for identifying and keeping track of over 70 million organizations and companies worldwide. If your organization does not have a DUNS number, you can receive one for free by calling 866/705-5711. For more information, see "Get your DUNS number."

**IF THE APPLICANT IS SERVING AS A PARENT INSTITUTION APPLYING ON BEHALF OF AN ELIGIBLE SEPARATE COMPONENT FOR THIS APPLICATION** (e.g., a university campus that has a radio station as a component): Enter the name of the component in the space provided. Unless otherwise noted, items that relate to the official applicant should refer to the parent organization. An independent component must be a unit that is both programmatically and administratively distinct from the parent organization, have its own staff and budget, and generally have an independent board or other advisory group that has significant responsibility for oversight and management. **Academic departments of colleges and universities do not qualify as independent components.**

A related organization that performs grant administration duties for a parent organization (e.g., a college foundation that administers grants awarded to a college and its components) may submit applications for components and the parent organization in lieu of such applications being submitted by the parent. The related organization must meet the eligibility requirements for all applicants.

**PERIOD OF SUPPORT** is the span of time that is necessary to plan, execute, and close out your project. Use two-digit numerals, e.g., 07/01/05 to 06/30/06. The Arts Endowment's support of a project may start on July 1, 2005, or any time thereafter. Generally, a grant period of up to two years is allowed. **NUMBER OF MONTHS:** Enter the number of months that your "Period of Support" will encompass.

**PERFORMANCE MEASUREMENTS:** In this space, briefly describe how you will measure your success in achieving: 1) the Arts Endowment-identified outcome for this category (Artistic works and cultural traditions are preserved); and 2) any additional outcome(s) that you have identified for the project. Measurements can be quantitative or qualitative, but they must be objective and verifiable.

#### **PROJECT BUDGET SUMMARY:**

- **Amount Requested:** Be sure that this is the same as the "Amount requested from the Arts Endowment" in Item 1 of the Project Budget form.
- **Total Match for this Project:** This must agree with Item 2 of the Project Budget form.
- **Total Project Costs:** This must agree with Item 6 of the Project Budget form.

#### **TOTAL ORGANIZATIONAL OPERATING EXPENSES FOR THE MOST RECENTLY COMPLETED FISCAL YEAR:**

If you are a parent organization, provide this information for the component on whose behalf you are applying. Unaudited figures are acceptable.

**AUTHORIZING OFFICIAL(S):** Provide this information for the official of the applicant organization who has the legal authority to obligate the organization. This individual should sign and date the form where indicated.

If you are awarded a grant, the authorizing official(s) identified on your application can sign payment requests, requests to amend the grant, and final reports. If your organization wishes to identify more than one authorizing official for this project, please provide the information requested under "2. Additional Authorizing Official" and have the second authorizing official sign in the space provided.